# L15000 187967

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

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NOV 0 6 2015

T. SCOTT



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 7, 2015

JAMES RAMER JAMES RAMER, INC. 4079 WOODVIEW DR SARASOTA, FL 34232

SUBJECT: RAMER ENTERPRISES, LLC

Ref. Number: W15000066673

We have received your document for RAMER ENTERPRISES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II

Letter Number: 415A00021235

Winding of Corporations P.O. BOY 6327 Tellahosson F.

## COVER LETTER

Division of Corporat	ions		
SUBJECT: Ramer	Enter (Name of	Prises, LLC of Resulting Florida Limite	d Company)
			d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all corresponde	nce concerning	g this matter to:	
James Ram	ln		
James Ka	act Person) Mer , IN	٤.	
(Firm/	Company)		
4079 Woody	ddress)		
Sarasota, Fl	34232 e and Zip Code)	<u> </u>	
E-mad Address: (to be used for	Mail . Co	oort notifications)	
For further information conc	erning this mat	ter, please call:	
Name of Contact Person	)	at ( 911 ) 3 (Area Code) (Day	rtime Telephone Number)
Enclosed is a check for the fo	ollowing amou	nt:	-
	2.00 Filing Fees tificate of	\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING A	
Registration Section Division of Corporations		Registration S Division of C	
Clifton Building		P. O. Box 632	-

Tallahassee, FL 32314

INHS11 (06/15)

2661 Executive Center Circle Tallahassee, FL 32301

**TO:** Registration Section

# Articles of Conversion

For

## "Other Business Entity"

Into

#### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> .  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of Florida  (Enter state, or if a non-U.S. entity, the name of the country)  (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  Ramer Fores, LLC  (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

	100	, ,
	Signed this 29 day of September	20_15
	Signature of Authorized Representative of Limit	ted Liability Company:
	Signature of Authorized Representative: A. Printed Name: Takes W. Ramer	
	Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
7	Signature: R. D. Traum	
(	Signature: Dames w. Kamer  Printed Name: Dames w. Kamer	Title: Ownler
	Signature:	
	Signature:Printed Name:	Title:
	Signature:	
	Signature:Printed Name:	Title:
	Signature: Printed Name:	
	Printed Name:	Title:
	Signature: Printed Name:	
	Printed Name:	Title:
	Signature: Printed Name:	
	Printed Name:	Title:
	If Florida Corporation:	o.m
	Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
	If Florida General Partnership or Limited Liabili	tv Partnershin
	Signature of one General Partner.	<u> </u>
	If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
	All others: Signature of an authorized person.	
	Fees:	
	Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Ramer Enterprises, L	.LC
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4079 Woodview Dr Sarasota, FL 34232	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
James W. R	amer
Name	•
HO79 Woodview Florida street address (P.O.	o Dr.
<u>Sarasota,</u>	FL 34232
City	Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, F.S
Registered Agent's Signa	ature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Memb "MGR" = Manager	Name and Address: er
The second of th	
·	
<u></u>	· ·
(Use attachment if necessary)  CLE V: Effective date, if other t	han the date of filing: . (OPTIONAL
CLE V: Effective date, if other t effective date is listed, the date 00 days after the date of filing.) If the date inserted in this block does not be determined in this block does not be determined.	han the date of filing: (OPTIONAL must be specific and cannot be more than five business date of meet the applicable statutory filing requirements, this date will not be list of State's records.
CLE V: Effective date, if other t effective date is listed, the date 00 days after the date of filing.)	must be specific and cannot be more than five business dated to meet the applicable statutory filing requirements, this date will not be list of State's records.
CLE V: Effective date, if other teffective date is listed, the date to days after the date of filing.) If the date inserted in this block does not be determined in the Department of the date on the Department of the date of the date of the Department of the	must be specific and cannot be more than five business dated to meet the applicable statutory filing requirements, this date will not be list of State's records.
CLE V: Effective date, if other teffective date is listed, the date to days after the date of filing.) If the date inserted in this block does not sent's effective date on the Department of CLE VI: Other provisions, if any Signature of a not sent the document is executed and aware that any fals	must be specific and cannot be more than five business dated to meet the applicable statutory filing requirements, this date will not be list of State's records.
CLE V: Effective date, if other teffective date is listed, the date to days after the date of filing.)  If the date inserted in this block does not the Department of the date on the Department of the CLE VI: Other provisions, if any signature of a not the Department of the date of the Department of	nember or an authorized representative of a member.  ted in accordance with section 605.0203 (1) (b), Florida Statutes.  e information submitted in a document to the Department of State

ARTICLE IV-